

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9087-62-038789  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 28 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **4969 Tholozan Ave.**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**4969 Tholozan Ave.**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First **BESSIE**

Middle **E.**

Last **THORNHILL**

4. DATE OF DEATH

Month **Sep.**

Day **19**

Year **1962**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**2-8-1879**

9. AGE (last birthday)

**83**

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housework**

10b. KIND OF BUSINESS OR INDUSTRY  
**At Home**

11. BIRTHPLACE (City and state or country)  
**Troy, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**John Henry**

13b. MOTHER'S MAIDEN NAME

**Martha Leonard**

14. NAME OF HUSBAND OR WIFE

**Late Celsus R. Thornhill**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give war or dates of service)

**None**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Martha Glimpse 4969 Tholozan Ave.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Branchial Pneumonia**

INTERVAL BETWEEN ONSET AND DEATH  
**1 week**

DUE TO (b)

**Senility**

DUE TO (c)

**Fractured Right Hip 6/5/62**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**FELL AT HOME**

20c. TIME OF INJURY  
Hour **10:00** a.m. **6-5-62**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**HOME**

20f. CITY, TOWN, OR LOCATION

**ST. LOUIS, MO.**

COUNTY

STATE

21. I attended the deceased from **1944** to **1962** and last saw her alive on **9/15/62**  
Death occurred at **9/19/62 3:15 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Quentin C. Hall M.D.**

22b. ADDRESS

**3402a Lafayette**

22c. DATE SIGNED

**9/19/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE

**Sep. 21, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Valhalla Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

(State)

24. FUNERAL DIRECTOR

**Kriegshauser 4228 S. Kingshighway Blvd.**

25. DATE RECD. BY LOCAL REG.

**SEP 20 1962**

26. REGISTRAR'S SIGNATURE

**Roan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*R. W. Storvick*

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.